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## THE CITY OF ENTERPRISE WATER WORKS PO Box 311000, ENTERPRISE, AL 36331-1000 PHONE: 334-347-1211 FAX: 334-348-2613

www.cityofenterprise.net

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT PLAN (DEBITS)**

	Date:			
(as it is shown on the account)				
Service				
Address:				
Water Account				
Number:				
Contact Telephone #: Home	Work	Cell		
Name of Financial				
Institution:				
Signature:		Date:		
ALITHODIZAT	TON ACREMENT FOR AUTOMATIC	PULL DAVMENT DIAN (DEDITE)		
AUTHORIZAT	ION AGREEMENT FOR AUTOMATIC	BILL PATMENT PLAN (DEBTIS)		
	ill, that my bank account has been deb	t my bank account for payment of all bills issued to my account or in my bited. I understand I must notify the City in writing within 30 days from the		
		lue to insufficient funds or my account being closed. This authorization will received by the City in time for it to have a reasonable opportunity to act.		
claims arising from or relating to the debit of my account by	by the City. I agree that the City will no sequential, or special damages. In add	nd discharge the city, its offices, agents, and employees from any liability or of the responsible or liable for any claims relating to the debit of my account dition, I agree the City will not be liable for the acts or omissions of others,		
NOTE: A VOIDED CHECK MUST BE ATTACHED FOR THIS TO BE PROCESSED				
(For Office Use Only) Processed by:		Date Completed		